


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90059 036 ****61.25

DOCUMENT # N06000013135		
1. Entity Name FRONTLINE FOR KIDS, INC.		

Principal Place of Business 735 ORANGE AVENUE FORT PIERCE, FL 34950	Mailing Address P O BOX 2377 FORT PIERCE, FL 34950
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40122865



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number 74-3197993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, JENNIFER L 2121 JUANITA AVENUE FORT PIERCE, FL 34946		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P WILSON, JENNIFER L 2121 JUANITA AVENUE FORT PIERCE, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Brenda Parmalee (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2500 Virginia Ave Fort Pierce, FL 34947
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V GAYMAN, ZUUMARH J 1124 ROSEDALE AVENUE FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Samuel Peters Vice President 260 Park Hill Ave Apt. 3J Staten Island, NY 10304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ROBINSON, JYNNE' R 432 N 11TH STREET FORT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Diane Lents (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5100 Okeechobee Rd Fort Pierce, FL 34952
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MOORE, PRIMUS 6280 NE 72ND CIRCLE #8 OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	David McCrae (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7526 S US Hwy 1 Port St. Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GAYMAN, JEROME Z 1124 ROSEDALE AVENUE FORT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Bryan Cromes (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1707 N. 44th Street Fort Pierce, FL 34947
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Nathan M. Magala (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2601 Ave. P Fort Pierce, FL 34946

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/07 (772) 464-0000